

Louisiana Medicaid State Plan

Attachment 3.1-A

Item 1 -- Pages 6 thru 39:

Per telephone conversation between James Oge, Debbie Currie, and Virginia Lee on 12/5/97:

| <u>Page #</u> | <u>Is Pending in</u> |
|---------------|--|
| 6 - 10 | TN 94-32 |
| 11 | TN 94-32 to be superseded by pending TN 95-13 |
| 12 - 39 | TN 94-32 |

dac
12/5/97

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- d. The hospital shall have formalized policies and procedures to insure a licensed physician visits and assesses each patient's care frequently and no less than required by law, licensure, certifications, and accreditations.
- e. The hospital shall have formalized policies and procedures to furnish necessary medical care.
- f. The hospital shall provide private rooms for patients demonstrating medical and/or behavioral needs. Dedicated treatment space shall be provided for all treating disciplines including the availability of distraction-free individual treatment rooms/areas.
- g. The hospital shall provide 24 hour nursing services to meet the medical and behavioral needs with registered nurse coverage 24 hours per day, seven days per week.
- h. The hospital shall provide appropriate methods and procedures for dispensing and administering medications and biologicals.
- I. The hospital shall have formalized policies and procedures for, and shall provide on a regular basis, ongoing staff education in rehabilitation, respiratory care, specialized medical services and other related clinical and non-clinical issues.
- j. The hospital shall provide dietary services to meet the comprehensive nutritional needs of the patients. These services shall be provided by a registered dietician for a minimum of one hour per week.
- k. The hospital shall provide patients' facilities and significant others the opportunity to participate in the coordination and facilitation of service delivery and personal treatment plan.

| | | |
|----------------|---------|---|
| STATE | LA | A |
| DATE BUILT | 4-6-93 | |
| DATE APPROVED | 11-4-97 | |
| DATE EFFECTIVE | 1-1-93 | |
| HCFE | 93-11 | |

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- l. The hospital shall provide initial and ongoing integrated, interdisciplinary assessments to develop treatment plans which should address medical/neurological issues, sensorimotor, cognitive, perceptual, and communicative capacity, affect/mood, interpersonal, social skills, behaviors, ADLs, recreation/leisure skills, education/vocational capacities, sexuality, family, legal competency, adjustment to disability, post-discharge services, environmental modifications, and all other areas deemed relevant for the person.
- m. The hospital shall provide a coordinated, interdisciplinary team which meets in team conference to update the treatment plan for each person at least every 7 days and as often as necessary to meet the changing needs of the patient.
- n. The hospital shall provide appropriate consultation and services to meet the needs of the patients including, but not limited to, audiology, speech, orthotics, prosthetic, or any specialized services.
- o. The hospital shall establish protocol for ongoing contact with vocational rehabilitation, education, mental health, developmental disabilities, social security, social welfare, head injury advocacy groups, and any other relevant public/community agencies.
- p. The hospital shall establish protocol for close working relationships with other acute care hospitals capable of caring for persons with neurological trauma to provide for outpatient follow up, inservice education, and ongoing training to treatment protocols to meet the needs of the traumatic brain injury patients.
- q. The hospital shall document the patient's progress in meeting goals in detail. If appropriate progress is not made or if goals are attained, the patient shall not be eligible for this program and the case manager shall coordinate discharge plans.

| | | |
|-------------|----------------|---|
| STATE | <u>LA</u> | A |
| DATE REC'D | <u>4-6-93</u> | |
| DATE APPV'D | <u>11-4-97</u> | |
| DATE EFF | <u>1-1-93</u> | |
| HCFA 179 | <u>93-11</u> | |

TN# _____ Approval Date _____ Effective Date _____

Supersedes

TN# _____

SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 1, Page 43

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- r. The hospital shall have policies and procedures to prevent admitting a patient to this program whose needs the hospital cannot meet.
 - s. The hospital shall not admit a patient to this program whose needs can be met at a lesser level of care.
 - t. The hospital shall make certain all professional and non-professional staff requiring licenses are duly licensed by the appropriate licensing authority.
2. Patients in need of HINRC services shall meet the following requirements:
- a. The patient shall have had an injury or condition that occurred within 48 hours prior to the date of admission for inpatient care. Patients served shall have severe loss of central nervous system functions as a result of a neurological injury or condition.
 - b. The patient shall have been determined, by a physician, to be appropriate for rehabilitation in the hospital setting to recover lost function or appropriate for assessment for determination of functional recovery potential.
 - c. The patient shall require five hours of rehabilitation therapy services per day, as tolerable and appropriate, and a minimum of five hours of nursing care per day by licensed nurses. Rehabilitation therapy services will be available and provided, as tolerable and appropriate, at least five days per week. Examples of patients to be considered include, but are not limited to:

SUPERSEDES: NONE - NEW PAGE

| | | |
|------------|----------------|---|
| STATE | <u>LA</u> | A |
| DATE REC'D | <u>4-6-93</u> | |
| DATE APP'D | <u>11-4-97</u> | |
| EFF | <u>1-1-93</u> | |
| 179 | <u>93-11</u> | |

- 1) traumatic brain injury;
- 2) cerebral vascular accidents with severe neurological insult;
- 3) neoplasms of the central nervous system;

TN# _____ Approval Date _____ Effective Date _____
Supersedes
TN# _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- 4) neuro behavioral sequelae to the above.
- d. The patient shall have complete neurological/medical/psychosocial assessments completed prior to admission to a Hospital Intensive Neurological Rehabilitation Care unit including:
 - 1) history of current condition;
 - 2) presenting problems and current needs;
 - 3) preliminary plan of care including services to be rendered;
 - 4) initial goals and timeframes for goal accomplishment.

These assessments shall clearly demonstrate the beneficiary's need for this care and expected benefits.

- e. The patient shall demonstrate progress toward the reduction of physical, cognitive, and/or behavioral deficits to maintain eligibility for HINRC services funding.
- f. The patient shall have an assigned facility case manager to monitor and measure goal attainment and functional improvement. HINRC services shall be rendered throughout the recovery process not to exceed ninety (90) days unless deemed medically necessary by the Department. The facility case manager will be responsible for cost containment and appropriate utilization of services. The facility case manager will coordinate discharge planning activities if it has been determined that HINRC services are no longer required or appropriate.

SUPERSEDES: NONE - NEW PAGE

| | | |
|---------------|----------------|---|
| STATE | <u>LA</u> | A |
| DATE REC'D | <u>4-6-93</u> | |
| DATE APPROV'D | <u>11-4-97</u> | |
| DATE EFF | <u>1-1-93</u> | |
| HCFA 179 | <u>93-11</u> | |

TN# _____ Approval Date _____ Effective Date _____
Supersedes
TN# _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

I. Criteria for Specialized Units

Acute care hospitals that wish to be reimbursed for high-intensity services (neonatal care, pediatric intensive care, or burn care) at a rate commensurate with the greater resource allocation required for such services must meet the criteria for specialized units as described in Attachment 4.19-A, Standards for Payment. Establishment of specialized units is discretionary. Enrollment of a specialized unit can only occur at the beginning of the subsequent state fiscal year (July 1), and a change in level of care of an approved unit shall be effective only at the beginning of the hospital's subsequent cost reporting period, and after a completed attestation form indicating compliance with specialized unit criteria has been received from the provider. Compliance with specialized unit criteria shall be verified via an on-site survey according to established procedures within thirty (30) days after receipt of application.

| | |
|--------------------------|---|
| STATE <u>Louisiana</u> | A |
| DATE RECD <u>10-3-94</u> | |
| DATE APVD <u>2-1-99</u> | |
| DATE EFF <u>7-1-94</u> | |
| HCFA 179 <u>94-32-</u> | |

N# 94-32 Approval Date 2/1/99 Effective Date 7-1-94
Supersedes
TN# SUPERSEDES: NONE NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL
SECURITY ACT MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 2a, Page 1

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

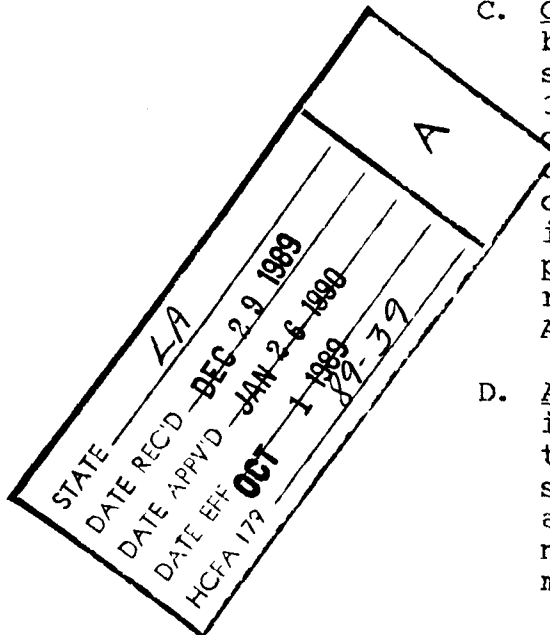
LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION MEDICAL AND REMEDIAL
42 CRF 440.20 CARE AND SERVICES
Item 2A

OUTPATIENT HOSPITAL SERVICES

Effective September 1, 1983, the Bureau of Health Services Financing will make payment to a licensed hospital for outpatient hospital services in accordance with the following limits:

- A. Emergency room services - three emergency room visits per calendar year per recipient;
- B. Rehabilitation services - number of visits in accordance with a rehabilitation plan approved by the Prior Authorization Unit of the Bureau of Health Services Financing; and
- C. Clinic services - services provided by a physician or dentist (dentist services as described in Attachment 3.1-A, Item 10) in a clinic in an outpatient hospital setting shall be considered physician services, not outpatient services, and shall be included in the limit of twelve physician visits per year per recipient. (See Item 5 of Attachment 3.1-A.)
- D. All other outpatient services - including, but not limited to, therapeutic and diagnostic radiology services, chemotherapy, hemodialysis and laboratory services, shall have no limit imposed other than the medical necessity for the service.



N# 89-39
Supersedes
TN# 87-17

Approval Date JAN 26 1990

Effective Date OCT 1 1989

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
Item 2.a.
Page 1a

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- E. Services related to organ transplants to be performed at a designated transplant center must be authorized by the BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria set forth in Chapter 19 equally to all similarly situated individuals.

There are no provisions for any additional visits beyond the limits specified above.

EPSDT recipients are excluded from service limits.

| | |
|---------------------------------|---|
| STATE <u>Louisiana</u> | A |
| DATE REC'D <u>JUL - 2 1990</u> | |
| DATE APPV'D <u>AUG - 1 1991</u> | |
| DATE EFF <u>APR - 1 1990</u> | |
| HCFA 179 <u>90-19</u> | |

TN# 90-19 Approval Date AUG - 1 1991 Effective Date APR - 1 1990
Supersedes
TN# 89-29

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial
42 CFR Care and Services
440.20(b) Item 2.b.

RURAL HEALTH CLINIC SERVICES

Effective for dates of service July 13, 1995 and after, each Rural Health Clinic (RHC) visit (i.e., encounter) is included as one of the twelve outpatient physician visits allowable per state fiscal year for Medicaid eligibles who are twenty-one years of age or older.

Extended services for pregnant women described in Attachment 3.1-A, Item 20.a., will not be counted against the physician limits set forth in this section.

| | |
|----------------------------|---|
| STATE <u>Louisiana</u> | A |
| DATE REC'D <u>05-07-96</u> | |
| DATE APP'D <u>05-31-96</u> | |
| DATE EFF <u>07-13-95</u> | |
| HCFA 179 <u>96-03</u> | |

IN# 96-03 Approval Date 05/31/96 Effective Date 07/13/95
Superseded
TN# 95-37

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
Item 2.c., Page 1

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION OF THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

| | | |
|--|--|---|
| <u>CITATION</u> P. L. 101- 239 Sect. 6404 | <u>MEDICAL AND REMEDIAL CARE AND SERVICES</u> Item 2.c. | I. <u>Federally Qualified Health Center Services (FQHC)</u> |
|--|--|---|

Effective for services on or after April 1, 1990, and subject to the specifications, conditions, limitations, and requirements established by Medicaid of Louisiana, FQHC services are available to eligible Medicaid beneficiaries. Covered services are limited to:

A. FQHC Core Services

Ambulatory services as described in 1861(aa)(a)A)-(C) of the Social Security Act, provided by the FQHC including:

Physician services;
Physician assistant services;
Nurse practitioner services;
Clinical psychologist services;
Clinical social worker services;
Medically necessary services and supplies (including drugs and biologicals that cannot be self-administered) incident to such services as would otherwise be covered if furnished by a physician or as an incident to a physician's services;
Visiting nurse services to a homebound individual, in the case of those FQHC's that are located in an area that has a shortage of home health agencies as determined by the Bureau of Health Services Financing;
Pneumococcal Vaccine; and
Influenza Vaccine.

| | |
|-------------------------------|---|
| STATE <u>Louisiana</u> | A |
| DATE REC'D <u>JUL 02 1990</u> | |
| DATE APP'D <u>MAY 20 1992</u> | |
| DATE EFF <u>APR 01 1990</u> | |
| HCFA 179 <u>90-17</u> | |

TN# 90-17 Approval Date MAY 20 1992 Effective Date APR 01 1990
Supersedes #1
True New Page